

Third Share Plans

Employer Subsidy Program Comparison of Key Benefits

Covered Service	Wayne County's HealthChoice	Ingham Health Plan	Kent Health Plan	Rockford Health Council Plan	Macoupin County Plan*
Primary care provider office visits	\$5 per visit copay	\$15 copayment per visit No copayment for pre-natal and post-natal care or immunizations	\$15 per visit copay	Plan pays \$75 per visit, \$450 per year max Wellness visit \$150 per year	\$30 per visit copay, limit to 4 visits combined Primary and Specialty Care.
Specialty care office visits and services	\$5 per visit copay	\$15 copayment per visit	\$15 per visit	Included above, plus \$60 per visit, \$300 per year max for lab & X-ray	\$30 per visit copay, limit to 4 visits combined Primary and Specialty Care.
Inpatient hospital	Limited to 20 days per year \$0 copayment, Unlimited days covered only through purchase of supplemental rider	80% covered after \$500 deductible 100% for physician services	\$100 per admission; limited to 20 days per year	Plan pays \$1000 per day. 500 days lifetime max plus \$2000 per day for intensive care, 10 day max Surgical schedule to \$1500 per year	70% in-network (60% out of network) after \$1,000 per person deductible, 100% coverage after \$4,000 out-of-pocket per person per year (\$1,000 deductible plus additional \$3,000) Hospital and physician charges covered.
Emergency Room services	\$25 copayment if admitted, \$75 copayment if not admitted \$75 copayment out-of-area	\$60 copayment, waived if admitted.	\$50 per visit	Accident benefit up to \$1000 per incident No other ER coverage	Not covered unless admitted. If admitted covered at inpatient hospital levels except at 70% out of network until transferred to network hospital
Outpatient prescription drug services	\$5 generic or DAW, \$10 brand name, 50% copayment on psychotherapeutic drugs	\$10 copayment for generic, \$15 for brand-name drugs on Preferred Drug List \$50 for brand-name not on PDL, per prescription	\$5 generic; 50% brand; use KHPC Plan B formulary	\$5 copay for generic, \$400 per month max Brand name discount card 15% average discount	\$10 copayment for generic drugs. Brand drugs covered at \$25 copayment subject to separate \$100 drug deductible.
Outpatient hospital services	\$0 copayment	80% covered for surgery 100% for laboratory tests and diagnostic X-rays	\$20 per visit	Surgical schedule to \$1500 per year	70% in-network (60% out of network) after \$1,000 per person deductible, 100% coverage after \$4,000 out-of-pocket per person per year (\$1,000 deductible plus additional \$3,000) .

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Covered Service	Wayne County's HealthChoice	Ingham Health Plan	Kent Health Plan	Rockford Health Council Plan	Macoupin County Plan*
Ambulance services	\$0 copayment	100% payment	10% copayment	Not covered	70%* max of \$750 per trip (subject to deductible)
Durable medical equipment	Covered only through purchase of supplemental rider	\$100 copayment per item	20% copayment	Not covered	Not covered
Outpatient physical therapy	Covered only through purchase of supplemental rider, \$10 copayment	\$15 copayment per visit	\$0 copayment	Not covered	Not covered
Vision exams and glasses	Covered only through purchase of supplemental rider	\$15 copayment for exam Eye-glasses not covered	Not covered	Not covered	Not covered
Inpatient drug and detox	Covered only through purchase of supplemental rider, \$20 per episode (limit 2 episodes per enrollment year; 72 hours per episode)		\$100 per admission; limited to 10 days per year	Plan pays up to \$500 per day, \$5000 max	
Dental Services	Covered only through purchase of supplemental rider	Not covered	Not covered	Not covered	Not covered

* Macoupin County Plan listed is Unicare Saver 1000 Plan, presented by Unicare Health Insurance Company. Macoupin County Health Department has not made final insurance carrier selection. Carrier and benefit plan is subject to final approval of the Macoupin County Health Department.